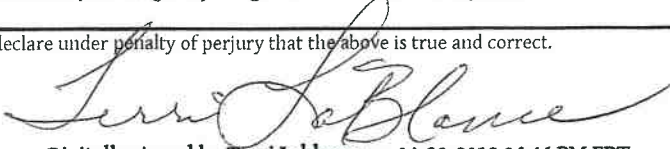


EXHIBIT B

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 563-2019-01682 </div> </div>	
Missouri Commission On Human Rights and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) Terri Y Lablance		Home Phone (816) 799-2223	Year of Birth
Street Address City, State and ZIP Code 3905 Bernard Powell Dr., KANSAS CITY, MO 64127			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CORIZON HEALTHCARE		No. Employees, Members	Phone No. (615) 373-3100
Street Address City, State and ZIP Code 103 Powell Ct, Ste 200, BRENTWOOD, TN 37027			
Name		No. Employees, Members	Phone No.
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 09-01-2017 02-22-2019 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)). <p>I was hired on or about June 12, 2017 as a Nurse Practitioner/Medical Provider for Corizon Health to provide medical services at the Missouri Department of Corrections (MODOC).</p> <p>After the interview, I was cleared by Corizon Health Regional Office, reported for work and was later informed that there were questions related to exactly how I got the position at MODOC, meaning how I was hired and cleared for employment.</p> <p>On or about September 1, 2017, a Caucasian Lab Technician made reference to something being nigger rigged in my presence and of others. I corrected the employee and the employee said, Okay, then African American engineered.</p> <p>On or about January 15, 2018, another Caucasian Lab Technician blatantly ignored and refused my directive to process a patients specimen. The Lab Technician took the specimen and walked towards my office and placed the biohazard bag and specimen on my desk. I submitted a complaint and an investigation was conducted, which the result was considered as a misunderstanding.</p> <p>On or about June 1, 2018, while conducting my duties between me and patients, Staff Assistants that were unlicensed would</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.  Digitally signed by Terri Lablance on 04-29-2019 06:46 PM EDT		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

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FEPA

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EEOC

563-2019-01682**Missouri Commission On Human Rights**

and EEOC

State or local Agency, if any

disrespectfully interrupt my interviews, give inaccurate and potential harmful medical advice and information to the patients. I verbally reported the incident and corrected the Staff Assistants.

Since June 2018 until February 22, 2019, the work place tension increased with the MODOC corrections personnel and Corizon staff personnel. Custody officers would overly watch my every move, conduct thorough searches of my belongings while others were not, making intimidating eye contact with me, barge into my office while conducting provider/patient consults, plus other things.

I believe I was subjected to workplace harassment and ultimately constructively discharged because of my race (African-American), color (black) and retaliated because of my complaints in violation of Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Terri LaBlance
Digitally signed by Terri LaBlance on 04-29-2019 06:46 PM EDT

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)